

Appendix 1:
FY 2000 IHDEP
Grant Application Master Log

Indian Housing Drug Elimination Program (IHDEP)
FY 2000

Master Application Log

(Copy form as needed)

[illegible]

Appendix 2:
FY 2000 IHDEP
Grant Application Completeness Checklist

Indian Housing Drug Elimination Program (IHDEP) FY 2000

Completeness Checklist

Applicant Name: _____ Tribal Code:(if any) _____

AONAP: _____ Screener: _____

A. THRESHOLD REQUIREMENT

COMPLETED

YES NO

_____ _____ Application is postmarked before midnight on due date, or placed in transit with overnight service delivery no later than the specified due date.

B. HUDFORMS (CURABLE)

COMPLETED

YES NO Rescreened: check if deficiency was corrected

_____	_____	_____	Application Data Input Form
_____	_____	_____	Application Cover Letter
_____	_____	_____	Project Summary, Congressional Notification
_____	_____	_____	Executive Summary and Implementation Schedule
_____	_____	_____	Standard Form-424, Application for Federal Assistance
_____	_____	_____	Standard Form-424A, Budget Information (non-construction programs), with activity Budget Narrative/and supporting documentation, as applicable
_____	_____	_____	Standard Form-424B, Assurances (non-construction programs)
_____	_____	_____	Standard Form-2880, Applicant/Recipient Disclosure/Update Report
_____	_____	_____	Form HUD-50070 Drug-Free Workplace Certification
_____	_____	_____	Form HUD-50071 Certification of Payments to Influence Federal Transactions (Lobbying Certification)
_____	_____	_____	SF-LLL Disclosure of Lobbying Activities Certification
_____	_____	_____	Form HUD-2992 Certification of Debarment and Suspension
_____	_____	_____	Certification of Consistency with the Indian Housing Plan
_____	_____	_____	Certification of Resident Management Corporation Resident Councils, Resident Organizations, and Residents

____ Acknowledgement of Application Receipt

C. REQUIRED ELEMENTS (NON-CURABLE)

- ____ A description of subgrantees, if applicable.
- ____ An overall budget and timetable that includes separate budgets, goals and timetables for each activity, and addresses the milestones toward achieving each described goal.
- ____ A description of the number of staff, the titles, professional qualifications, and respective roles of the staff assigned full or part-time to grant implementation.
- ____ Lines of accountability (including organization chart) for implementing the grant activity, coordinating the partnership, and assuring that the commitment made by you and your subgrantees will be met.
- ____ A narrative of the plan that will address the problem of drug-related crime in the developments proposed for funding.

D. EACH of the FIVE RATING FACTORS in this NOFA ADDRESSED:

- ____ Capacity of applicant and relevant organizational experience (20 points)
- ____ Need/extent of the problem (30 points)
- ____ Soundness of approach (35 points)
- ____ Leveraging resources (10 points)
- ____ Comprehensiveness and coordination (10 points)

E. OTHER

- ____ Has applicant sent an original application and two identical copies of application.
- ____ Does amount requested exceed the maximum grant amount permitted?
If an error was identified, explain actions taken in specific comment section below.
- ____ Are all computations in the SF-4424A (budget) and budget narrative complete and correct?
- ____ Did AONAP-GA review SF-424A and narrative to check for duplication of funds with other HUD programs?
- ____ Were any duplications of funds found?
- ____ Did the AONAP-GA verify the UNIT COUNT? Name of person verifying and the date of confirmation:

F. AREA ONAP SUMMARY OF ACTIONS

Were technical deficiencies noted:

No _____ Yes _____ If yes, explain below:

Were curable technical deficiencies corrected?

Yes _____ No _____ If no, explain below

APPLICATION FULLY ACCEPTABLE

Yes _____ No _____ If no, explain below

Verification of above:

(AONAP-GA signature) Date: _____

As applicable, specific comments by AONAP-GA. Use additional paper if needed.

Appendix 3:
FY 2000 IHDEP
Grant Application Correctable Deficiency Letter

FY 2000 IHDEP GRANT APPLICATION
DEFICIENCY LETTER
SAMPLE – ONLY

Applicant
Address

SUBJECT: IHDEP FY 2000 Application

Dear Executive Director (Name):

Thank you for your recent IHDEP FY 2000 application submission. The (Name of Area ONAP) has conducted the initial screening of your application. Your submission was found technically deficient in the following areas:

- 1.
- 2.
- 3.

Please provide the additional information and/or corrected certification(s) for the identified deficiencies **within 14 days from the date of this letter**. Please submit your corrections to:

Name of Area ONAP
Address
Name of contact person
Phone number
Fax number

If you have any questions, please contact (insert contact name and phone number).

Thank you for your interest in the Department's programs.

Sincerely

Appendix 4:
Environmental Requirements

APPENDIX :4

ENVIRONMENTAL REQUIREMENTS

NO ENVIRONMENTAL REQUIREMENTS ARE ANTICIPATED FOR IHDEP APPLICATIONS

This office finds that the IHDEP NOFA will not have a significant effect on the human environment. It is anticipated that many of the eligible activities in this NOFA will be categorically excluded pursuant to 24 CFR 50.19 and, except for extraordinary circumstances, will not require an environmental review.

However if activities are proposed, such as physical improvements specifically designed to enhance security (installing barriers, speed bumps, landscaping or reconfiguring common areas to discourage drug-related crime), the environmental review will be performed in accordance with 24 CFR part 50 by HUD to determine compliance, in addition to preparing the appropriate environmental review forms. The review will occur prior to grant award and before the applicant can implement the actual physical improvements to enhance security activities at specific housing development sites. This will assure that any environmental impacts will be considered and addressed at the project level once specific non-exempt activities are sufficiently identified.